Reptile History

Dr. Andrew Bean

Date: __________________

Why have you brought your pet to be seen today?

____________________________________________________________________________________

Length of problem: ___________________________________________________________________

Any previous medical problems?  □ no  □ yes __________________________________________

Any medical treatments in the last 30 days?  □ no  □ yes __________________________________

When was this reptile's last visit to a veterinarian? ____________ Reason? ________________

Have you noticed any behavioral changes in your pet?  □ no  □ yes __________________________

Have you noticed any changes in eating or drinking behavior?  □ no  □ yes __________________

Have you noticed any changes in the character or consistency of droppings?  □ no  □ yes __________________

When did your pet last shed? ____________________ How frequently does this occur? __________

Other: __________________________________________________________________________________

RR  kg  g  Time  Initials

-------------------------------------------------------- Staff use only

Passionate Care. Meaningful Relationships.
### Reptile History

**Dr. Andrew Bean**

<table>
<thead>
<tr>
<th>Date completed:</th>
<th>____________________________</th>
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How long have you owned this pet? ____________________________ Origin: [ ] captive bred [ ] wild-caught [ ] unknown

Where did you get this reptile? ____________________________ What year was your home constructed? ___________

Has your pet’s sex been determined? [ ] no [ ] yes How? ________________ Is your reptile spayed or neutered? [ ] no [ ] yes

Please list all other types of pets in the home; place a star (*) by any of these pets that have contact with this reptile ________________

If you have more than one reptile, when was the most recent addition to your collection? ___________ Species? ________________

Have you or this reptile had any other contact with other reptiles in the last 90 days? [ ] no [ ] yes ________________

Was a quarantine period performed for this pet? [ ] no [ ] yes For how long? ________________

Are there any residents of the home known to have compromised immune systems (i.e. children < 5 years, elderly persons, HIV/AIDS patients, cancer patients)? [ ] no [ ] yes

Have any other animals or persons in the home been sick within the last 30 days? [ ] no [ ] yes ________________

Exposure to smoke, aerosols, scented products (candles, diffusers)? [ ] no [ ] yes ________________

How often is your pet handled? ____________________________ Does your pet go outside?____________________

Cage type: [ ] arboreal (tree climbing) [ ] terrestrial [ ] aquatic Cage dimensions: ____________________________

What are the walls made out of? ____________________________ What type of ceiling? ____________________________

Substrate used on the cage bottom? ____________________________ Location of the cage in the home or on the property? ____________________________

Cage décor or furnishings: ____________________________ Any bathing facilities? ____________________________

Any additional ventilation to cage? ____________________________ Disinfectant/cleaner types? ____________________________

How often is the cage cleaned? ____________________________ How often is it changed? ____________________________

Any changes to the environment in the last three months? [ ] no [ ] yes ________________

What is your pet’s source of water? [ ] bottled [ ] tap [ ] other ____________________________ How many hours of light are provided per day? ____________________________

Water supplements? [ ] no [ ] yes ________________ Nutritional supplements? [ ] no [ ] yes ________________

Diet: What foods are fed and how frequently: ____________________________

<table>
<thead>
<tr>
<th>Insects fed?</th>
<th>[ ] live [ ] housed and fed [ ] preserved</th>
<th>Mammals/birds fed?</th>
<th>[ ] live [ ] freshly killed [ ] frozen/thawed [ ] wild prey</th>
</tr>
</thead>
</table>

Supplemental heat sources: Are the heat sources screened? [ ] no [ ] yes Can the pet touch/access the source? [ ] no [ ] yes

- [ ] ceramic/infrared bulb, power = _______ Watts Thermostat controlled? [ ] no [ ] yes
- [ ] spot light/bulb, power = _______ Watts Thermostat controlled? [ ] no [ ] yes
- [ ] heat mat, size = _______ Thermostat controlled? [ ] no [ ] yes
- [ ] aquarium water heater, power = _______ Watts Thermostat controlled? [ ] no [ ] yes
- [ ] other _______ Thermostat controlled? [ ] no [ ] yes

Temperature in the cage: ____________________________ How do you measure the temperatures in the cage? ____________________________

Daytime hottest (basking spot) temp? ____________________________ Daytime coolest spot temp? ____________________________

Nighttime hottest (basking spot) temp? ____________________________ Nighttime coolest spot temp? ____________________________

**Supplemental lighting? [ ] no [ ] yes, light bulb [ ] yes, florescent strip** Model/manufacturer? ____________________________

| Date last replaced? | ________________ Is it screened? [ ] no [ ] yes Can the pet touch/access it? [ ] no [ ] yes |
|---------------------|------------------------------------------|----------------------------------------------------------|

How many hours per week of direct sunlight (not through plastic or glass)? ____________________________

What is the humidity in the cage? ____________________________ How is this measured? ____________________________